

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="text-align: center;">0825</div>	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1		1				51	7 4
2							52	7 4
3							53	7 4
4							54	7 4
5		1		1			55	7 4
6		1		2			56	7 4
7		2		2			57	7 4
8		4		4			58	7 4
9		4		4			59	7 4
10		4		4			60	7 4
11		3		4			61	7 4
12		4		4			62	7 4
13		4		4			63	7 4
14		4		4			64	7 4
15		4		4			65	7 4
16		4		4			66	7 4
17				4			67	7 4
18		4		4			68	
19		4		4			69	
20		4		4			70	
21		4		4			71	
22		4		4			72	
23		4		4			73	
24		4		4			74	
25		4		4			75	
26		4		4			76	
27		4		4			77	
28		4		5			78	
29		4					79	
30	1		1				80	
31	1			1			81	
32		1		1			82	
33		1		1			83	
34		1		1			84	
35		1		1			85	
36		1		1			86	
37		1		1			87	
38	1		1				88	
39	1		1				89	
40	1		1				90	
41		4		4			91	
42		4		4			92	
43		4		4			93	
44		1		1			94	
45		2		2			95	
46		2		2			96	
47		4		4			97	
48		4		4			98	
49		4		4			99	
50		4		4			100	
TOTAL IND.							TOTAL IND.	
TOTAL DEP.							TOTAL DEP.	113
TOTAL CLAIMS							TOTAL CLAIMS	124